

Blue

Work Order ID 106454

106454

Page 1

September-05-13 8:08:51 AM

Item ID: D2933-2

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: 206 Saddle Right

Start Date: 8/30/13 Start Qty: 2.00

2

Cust Item ID:

Required Date: 9/20/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals: Process Plan: *V*

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D2933	Rev C

100 0.00

100 HAAS CNC VERTICAL MACHINING #1

HAAS 1 Memo 0.00

HAAS CNC vertical machine #1
Program part number and batch number.1-Inspect part number and batch
number are programmed correctly.2-Machine Step No 1 of Folio and visually
inspect as per dwg D2933 & attached Dimension Sheet 3-Machine Step No 2
of Folio and visually inspect as per

DAS 02/21 13-09-16 (x2)

110 0.00

110 CONVENTIONAL MILLING MACHINE

Mill Conv Memo 0.00

Conventional Milling Machine Memo Machine Keyway and inspect per attached dimension sheet

DAS 02/21 13-09-16 (x2)

120 0.00

120 QC1- Inspect dimensions to dimension sheet

QC Memo 0.00

Quality Control

DAS 02/21 13-09-16 (x2)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>								
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data	<input type="checkbox"/>													
Equip/Tooling	<input type="checkbox"/>													
Operator	<input type="checkbox"/>													
Material	<input type="checkbox"/>													
Setup	<input type="checkbox"/>													
Other	<input type="checkbox"/>													
Process	<input type="checkbox"/>													
Supplier	<input type="checkbox"/>													
Training	<input type="checkbox"/>													
Unapproved	<input type="checkbox"/>													
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 106454

106454

September-05-13 8:08:51 AM

Page 2

Item ID: D2933-2

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: 206 Saddle Right

Stop

NS2

Start Date: 8/30/13 Start Qty: 2.00

2

Cust Item ID:

Required Date: 9/20/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

B-a 13/09/17

2

0

DAS
08
9-09

130

QC

Quality Control

140

Chemical Conversion Coat per QSI005 4.1

0.00

2

13/09/18

140

HandFinish

Hand Finishing

Memo

0.00

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																								
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector																
Doc/Data																														
Equip/Tooling																														
Operator																														
Material																														
Setup																														
Other																														
Process																														
Supplier																														
Training																														
Unapproved																														
FAULT CATEGORY																														
Landing Gear				General																										
				Bending <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Contamination <input type="checkbox"/>	Cuts Too Short <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Drawing <input type="checkbox"/>	Finish <input type="checkbox"/>	Folio <input type="checkbox"/>	Grain <input type="checkbox"/>	Hardware <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Mislabel <input type="checkbox"/>	Misread <input type="checkbox"/>	Offset <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>

Work Order ID 106454

September-05-13 8:08:51 AM

106454

Page 3

Item ID: D2933-2

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: 206 Saddle Right

Stop

NS2

Start Date: 8/30/13 Start Qty: 2.00

2

Cust Item ID:

Required Date: 9/20/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

155

155

SprayPaint

Spray Painting

0.00

2

0

0

13-10-14

Memo

0.00

1-Prime as per QSI 005 4.2 B 126558

2-Paint outside DELFLEET BLUE as per QSI 005 4.2
B 126437

3-CLEAR with DELFLEET B 121703

PRIME:

Start Time: 6:10

Finish Time: 6:30

PAINT:

Start Time: 7:30

Finish Time: 8:00

165

QC14- Inspect Spray Paint

0.00

DAS

27

9-89

165

QC

Quality Control

Memo

0.00

B 10.15

0

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 106454

September-05-13 8:08:51 AM

106454

Page 4

Item ID: D2933-2

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: 206 Saddle Right

Stop

NS2

Start Date: 8/30/13 Start Qty: 2.00

2

Cust Item ID:

Required Date: 9/20/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

170

Identify as per dwg & Stock Location: 5T4460A

0.00

DAS
28
9-89

13-10-16

170

Packaging

Packaging

180

QC21- Final Inspection - Work Order Release

0.00

13-10-17

180

QC

Quality Control

Memo

0.00

13-10-17

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Picklist Print

September-05-13 8:08:51 AM

Page 1

Work Order ID: 106454

Parent Item: D2933-2

Parent Item Name: 206 Saddle Right

Start Date: 8/30/13

Required Date: 9/20/13

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP: B00.06.26New DWG rev (mpp 2069)EC
IPP Rev:C As per Rev C 07-03-19 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D6101-001 Saddle Billet		Manufactured	No			100	Each	48.0000	1	2			

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT042	48	
103637	8	X1
97239	27	
98456	13	

85 13-09-16

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced						
	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure						
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld						
	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled						
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved							
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong							
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge							
	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset								
	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration								
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence								
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions								

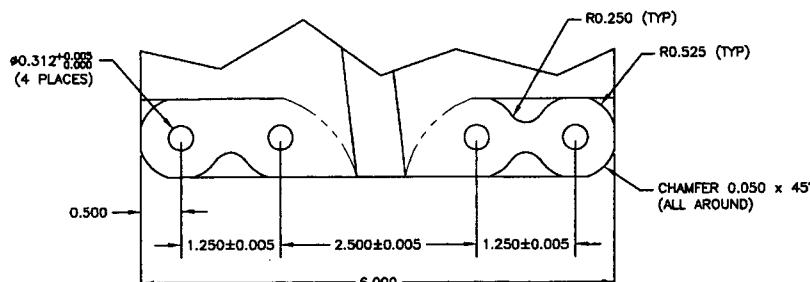
DART AEROSPACE LTD			Work Order:	10/04/24
Description: 206 Saddle, Inboard, Right side			Part Number:	D2933-2
Inspection Dwg: D2933 Rev. C			Page 1 of 1	

Inspect dimensions highlighted on inspection sheet drawing D2933 Rev. C and record below:

Dim	Min	Max	Go/No Go Gauge	Recorded Actual Dimensions				By	Date
				1	2	3	4		
A	0.100	0.140		.110	.107				
B	0.100	0.140		.110	.109				
C	0.100	0.140		.129	.123				
D	0.210	0.230		.225	.227				
E	1.245	1.255		1.250	1.250				
F	1.245	1.255		1.250	1.250				
G	2.495	2.505		2.500	2.500				
H	0.510	0.515		.513	.513				
I	1.572	1.582		1.577	1.577				
J	2.495	2.505		2.500	2.500				
K	0.257	0.262		.260	.260				
L	0.312	0.317		.315	.315				
M	0.235	0.240		.238	.238				
N	0.100	0.140		.125	.126				
O	0.540	0.560		.548	.547				
P	0.490	0.510		.501	.502				
Q	3.715	3.725		3.720	3.720				
R	2.470	2.510		2.490	2.490				
S	0.240	0.270		.255	.255				
T	0.100	0.180		.140	.140				
U	1.625	1.635		1.630	1.630				
V	1.362	1.372		1.367	1.367				
W	0.316	0.321		.317	.317				
X	1.125	1.145		1.134	1.137				
Y	1.565	1.585	DT8695 A/B	1.576	1.573				
Z	0.178	0.198		.188	.188				
AA									
AB									
AC									
AD									
AE									
AF									
AG									
AH									
Accept/Reject									

Measured by:	DT	Audited by:	K.A
Date:	13-09-16	Date:	13/09/17 08:00

Rev	Date	Change	Revised by	Approved
A		New Issue	RF	
B	02.12.12	Re-format; Added Dim. X-Y, DT8683, DT8686, DT8690 & DT8695 A/B	KJ/RF	
C	07.03.21	Revised per drawing revision C	KJ/JLM	

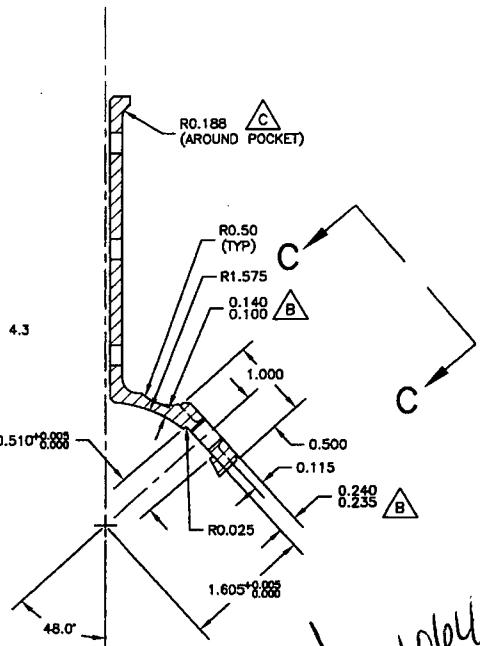


VIEW C-C

D2933-1 LH SADDLE (SHOWN)
D2933-2 RH SADDLE (OPPOSITE)

NOTES:

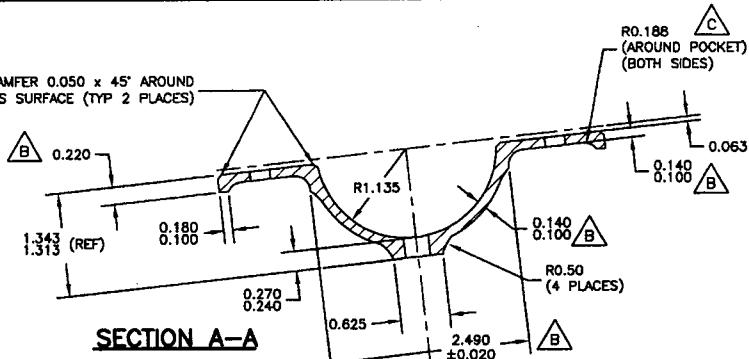
- 1) MATERIAL: ALUMINUM 7075-T7351 (00-A-250/12)
 (MAKE FROM D6101-001 SADDLE BILLET, 7075)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
 POWDER COAT GLOSS WHITE (REF 4.3.5.1) PER DART QSI 005 4.3
- 3) BREAK ALL SHARP EDGES 0.010 TO 0.020
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 5) ALL DIMENSIONS ARE IN INCHES
- 6) ENGRAVE PART AND BATCH NUMBER IN THIS AREA 0.010 TO 0.015 DEEP



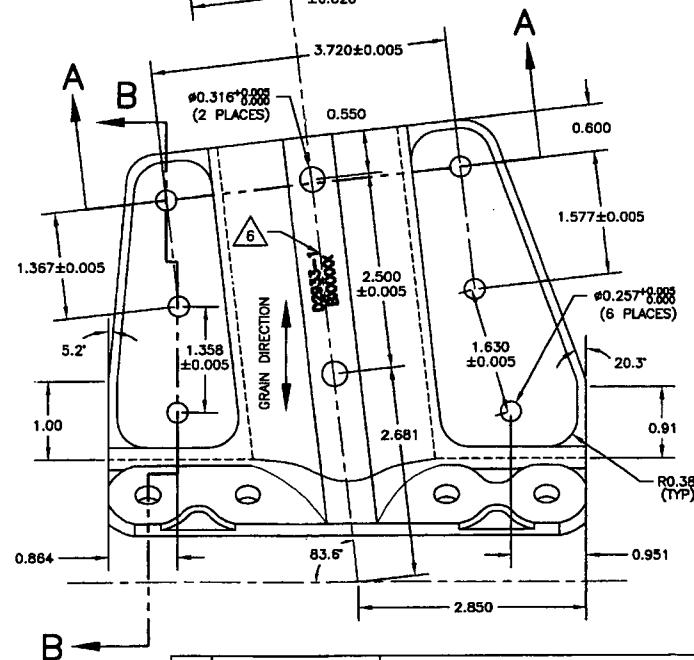
SECTION B-B

07.02.12 *[Signature]*

CHAMFER 0.050 x 45° AROUND THIS SURFACE (TYP 2 PLACES)



SECTION A-A



B

C	06.11.09	R0.188 WAS R0.30 TO R0.25
B	00.05.29	CHANGED GEOMETRY AND MATERIAL
A	99.10.29	NEW ISSUE
DESIGN	DRAWN BY	DART DART AEROSPACE USA, INC. BELLLEVUE, WA
<i>PH</i>	<i>CB</i>	
CHECKED	APPROVED	DRAWING NO. D2933
<i>PH</i>	<i>PH</i>	REV. C SHEET 1 OF 1
DATE	TITLE	SCALE
06.11.09	SADDLE INSIDE	2:3

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 PERSON WITHOUT WRITTEN PERMISSION FROM
 DART AEROSPACE USA, INC.

WD 106454

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
NCR No. _____	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			